

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
091530 397
APPLICANT(S)

FILING DATE
02-08-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		/		/			52		5		5		
3		/		/			53		5		5		
4		/		/			54		/		/		
5		/		/			55		/		/		
6		/		/			56	/		/			
7	/		/				57		/		/		
8		/		/			58		/		/		
9		/		/			59	/		/			
10		/		/			60				/		
11		/		/			61				/		
12		/		/			62	/		/			
13		/		/			63				/		
14	/		/				64				/		
15		/		/			65	/		/			
16		/		/			66			/			
17		/		/			67	/		/			
18		/		/			68			/			
19	/		/				69	/		/			
20		/		/			70			/			
21		/		/			71			/			
22		/		/			72			/			
23		/		/			73	/		/			
24		/		/			74			/			
25	/		/				75			/			
26		/		/			76			/			
27		/		/			77			/			
28		/		/			78			/			
29	/		/				79			/			
30		/		/			80		/				
31	/		/				81			/			
32	/		/				82			/			
33		/		/			83			/			
34		/		/			84			/			
35		/		/			85			/			
36		/		/			86			/			
37	/		/				87			/			
38	/		/				88			/			
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		5		5			93						
44		5		5			94						
45		5		5			95						
46		5		5			96						
47	/		/				97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	12						TOTAL IND.			19			
TOTAL DEP.	70						TOTAL DEP.			92			
TOTAL CLAIMS	82						TOTAL CLAIMS			111			